

Seville Millar and Louise C. Odenerantz  
Vocations for the Handicapped.

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## VOCATIONS FOR THE HANDICAPPED

SEVILLE MILLAR and LOUISE C. ODENCRAINTZ

Though the desirable social attitude toward boys and girls with physical disabilities is not to regard them as a class apart, different essentially from other boys and girls, this group presents special problems in vocational guidance. The physically handicapped share with the more fortunate the same general need of wise counsel in choosing and preparing for an occupation, and of making a satisfactory adjustment to occupational life, but obviously their range of choice and their chances of suitable placement are limited in many ways, not only by their particular handicaps in individual cases, but also by the attitude of employers. It is important that the physically handicapped themselves should know their occupational limitations, and that employers should know them; but it is equally important that the occupational possibilities of this group should be known and understood by all concerned. The majority of school counselors may have to deal with comparatively few cases in which physical handicap presents a vocational problem, but most of them encounter this problem occasionally. So the editors of this magazine asked a specialist in the guidance and placement of the physically handicapped to write an article setting forth some of the facts that every counselor ought to know or keep in mind in such situations. It happened that Miss Odencrantz had already asked an associate, Mrs. Millar, to assemble material for such an article. Here is the article.

**A**T ONE TIME or another every vocational counselor and junior placement worker is confronted with the problem of the handicapped child. There is the girl who has been lame from infancy as a result of infantile paralysis. Conscious of her limp, the girl is shy and sensitive. There is the bright, ambitious boy who lost his right arm in an automobile accident. The deaf mute, the child with seriously defective hearing or vision, the girl or boy with organic heart disease, each presents special vocational problems. What happens to these young people, when they seek employment in the practical and exacting world of industry? The way they are received by the working world and the type of adjustment they are able to make will have a profound influence upon their

whole lives. How can they prepare for and meet the difficulties of this critical period?

In the community where there is no special vocational guidance or placement service for this group, the responsibility rests with those who do general counseling and placement work. But the counselor realizes that he needs further understanding of the physical defect and the limitations which it may impose. The vocational adjustment of the handicapped involves a taking into account of all the factors which must be considered in the case of the non-handicapped,—intelligence, interests, aptitudes, education, personality, social background,—plus the additional problems presented by a specific physical defect. Without such knowledge, the counselor runs the dan-

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do begin work. That would require a revolution in education, so that education would teach skill and ability to work as well as academic subjects. Cooperation between school and industry in developing stamina and workmanship in young people is highly desirable. Under genuinely educational control, we should get over our fear of child labor. Labor and leisure are both necessary experiences for youth.

### IV

Great and continued changes in our public educational program are necessary to fit the public school and college for the real needs of life. Those changes can best be made by competently trained men in reasonably financed educational systems, and not by a restriction of educational opportunity. Every real economy and every elimination of waste is, of course, desirable. Quite generally those

educators who are most critical of our public education are the ones who are most anxious to see adequate resources available for its improvement.

To repeat the remark at the beginning of this paper, vocational education must be an integral part of education as a whole. Great lives and great ages never grow from dead hopes. In our vocational education let us not teach despair, surrender, and social retreat. Let us arouse expectation that life shall be a great adventure, that opportunity is not exhausted, that every person should have opportunity in proportion to his character and ability. Let us teach our boys and girls that the American dream is not dead, but that in them it should find fulfillment. Education will surely reflect a philosophy of life and of society. There can be no full unity as to methods where there is great disunity as to aims.

### PLANNING IN PLACE OF RESTRAINT

The new laws enacted during the recent session of Congress are not a series of hampering restraints. They are declarations of freedom from the bondage of an outworn past. They represent the coming of age of the American government. . . . This embarkation upon economic reconstruction requires the earnest, intelligent cooperation of industrialists, workers and the country at large. . . . In the new acts, regulation plays a minor part. It supplies the element of control to a great national experiment. If the majority of the American people understand this experiment and come forward in eager participation, it cannot fail to lead us to a better way of living.—ROBERT F. WAGNER in *The Survey Graphic*, August, 1933.

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ger, on the one hand, of guiding the child into a vocation which may be unsuitable, or on the other hand, unaware of the vocational possibilities in spite of the handicap, of unduly limiting him in his choice of work.

### II

From a vocational point of view, handicapped children may be classified as follows:—

1. The homebound or shut-ins who are too disabled to leave their homes or the hospital to go out to work. Many of these can learn to do things at home by which they can be at least partially self-supporting. Their opportunities are naturally very limited, as the work must be of such a nature that it can be done in the home and brought to them. Some few have been able to work up small businesses of their own in the home.

2. Those who are able to move about but are so badly handicapped by appearance or by very slow and restricted movements that they cannot fit into regular industry. They can work only in non-commercial sheltered workshops under special supervision and regulated conditions. Some of these children may have attended school with those less disabled, but industry can rarely afford them the protection and special provisions furnished by the schools. Nor can they meet the competitive conditions of industry.

3. Those who are able to travel and to work in regular industry provided they are guided into, trained for, and placed in an occupation where the disability is no handicap.

It is with the last group, which is by far the largest, that the present article is specially concerned.

Handicapped children can be classed into four groups, according to the type of disability. These groups are:—

1. Those with orthopedic disabilities

resulting in deformities of leg, arm or back, and generally involving an appearance handicap and limitation of movement.

2. Those with organic defects, such as heart disease or arrested pulmonary tuberculosis, who present no appearance handicap but require special help in choice of vocation and placement as well as some supervision while at work.

3. Those with special sensory defects, including the deaf, the hard of hearing, the blind, and those with defective vision.

4. Those with some speech disorder, such as stammering.

While no statistics are available as to the number of handicapped children who are ready to enter industry each year, it is possible to give some indication of the extent of the group in New York City. Each year, according to the New York Police reports, some 12,000 children under 16 years of age are injured as a result of "vehicular highway accidents." Many recover, but many unfortunately are left with a permanent disability. In 1932 the New York Board of Health received reports of 126 cases of infantile paralysis of persons under 15 years of age. Here too, fortunately, many recover, but some are left to face the future with a permanent physical defect. In 1931, the year of the last infantile paralysis epidemic, the number of cases among children under 15 years of age jumped to 3,890. At present there are about 1,400 deaf mute children attending the special schools in the city. In 1932, the Board of Education reported 707 home-bound children receiving home instruction; and in special classes there were enrolled 67 blind, 614 cases of tuberculosis, 2,289 crippled, 1,488 sight-conservation cases, 961 cardiacs, while 29 were in hospital classes.

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The vocational counselor in the school has a special responsibility for the handicapped, as for this group even more than for the non-handicapped, vocational training while in school is especially important. Many of the boys cannot enter industry through the common channel of a messenger or errand job. They should have as good academic education as possible, and in addition, some vocational equipment. Any tendency to let handicapped children "get by" with lower standards of school performance is to be deplored, as in industry they are going to meet a more severe challenge than other children.

In the case of the deaf, there has been for many years a nation-wide recognition of the need of vocational training, with the result that practically every deaf child now leaves school with some vocational preparation. Even though he may not follow the special trade he has been taught, he nevertheless has developed work skills and work habits which help him to compete in industry.

### III

When the handicapped are ready to go to work, many, like their non-handicapped friends, manage to secure jobs through friends or relatives. But the majority must rely upon other means,—answering advertisements, direct application, or the general employment office. In such cases they are handicapped in their competition with the non-handicapped. To get employment, the handicapped child needs special placement assistance,—the visibly handicapped because of their appearance, and the others because of the special supervision they need in choice of work and work-place.

Whether such placement service is provided by the regular vocational coun-

selor or junior placement work or through special workers, there is need of special information and procedure.

The procedure followed in the Employment Center for the Handicapped in serving the younger group who apply there for employment may serve as an illustration.<sup>1</sup> Each year, between 300 and 400 new applicants under 21 years of age register for help in securing work.

A careful first interview is given each applicant, who is questioned about his education, training, social history, experience at work, and handicap. A physician's statement with diagnosis, prognosis and work limitations is secured. In some cases school reports are obtained, and if there has been any work experience, references are secured from previous employers. The majority of the applicants under 21 are given a psychological examination, including general intelligence and mechanical aptitude tests. Those with commercial training are usually given a typing test.

Few of these young applicants have had any vocational training, and many of them have little conception of the kind of work they want or are able to do. Taking into account all the available information, the placement secretary tries to help the young person decide upon the general lines of work that may be most suitable. In most cases there are several possibilities to be tried. Realizing the limited training possibilities in industry for many of this group, the secretary makes every effort to stimulate the applicant's interest in vocational training and to direct him to available sources.

<sup>1</sup> The Employment Center for the Handicapped offers a vocational adjustment and placement service for all physically handicapped persons of all ages except the hard of hearing (who go to the New York League for the Hard of Hearing) and the blind (who are served by the New York Lighthouse for the Blind).

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The Bureau of Rehabilitation in the New York State Department of Education can provide further education and training for those over 16 years of age. Others are referred to the Institute for the Crippled and Disabled, which provides training in printing, welding, jewelry making, commercial art, leather crafts, and optical mechanics. Others are referred to the general educational institutions in the city. Such training is of vital importance to the handicapped, who must aim to be even better prepared than others in order to meet the severe scrutiny and close competition in industry.

It is occasionally necessary to refer applicants to the proper agencies for appliances, such as an artificial leg or brace, which will often help to overcome the physical limitation and give them a better chance of employment. If, as often happens, the applicant feels that he is unable to spend time in formal training, or if he has no interest in it but, first and foremost, wants a job, an attempt is made to place him in a job where he may have some opportunity to learn. Because of their eagerness to get a job when they have once left school, in spite of limited opportunities open to them, it is all the more important that training be obtained before they sever their school connections.

When a young person is considered ready and able to work, the placement secretary tries to secure suitable openings by visiting, telephoning and writing employers. Considerable time is given to visiting employers, to interest them in the employment of the handicapped and to explain how the latter may fit into various occupations. But most of the soliciting must be done on an individual basis for each particular applicant. The work qualifications of the applicant are empha-

sized with the employer, and the point made, for example, that even though he is lame, this does not interfere with ability to do the particular job. It has been found by experience better to talk in terms of a particular disability rather than generally of "the handicapped," as this term apparently often suggests only the more severely handicapped persons, such as those who must use two crutches. An employer is never asked to take a handicapped person out of pity or charity but only because he is qualified to do a certain job as well as anyone else.

### IV

The question is often asked, "What sort of work can the handicapped do?" This is almost like asking, "What kinds of work can women do?" The reply is that the handicapped can do a great variety of jobs. Surveys made by the Federal Rehabilitation Bureau have revealed over 6,000 different jobs in which the handicapped are engaged. A study of applicants at the Employment Center for the Handicapped shows that 635 different kinds of positions were held by 4,404 men with orthopedic disabilities. Thus, what handicapped young persons can do depends, as in the case of the non-handicapped, upon their mental capacity, manual skill, education, special training and personal qualities as well as upon the limitations of a particular physical defect.

In helping handicapped young persons to choose and enter an occupation, a number of general problems are encountered, especially in cases where the disability is immediately apparent. They include:

1. The limitations in choice of occupations because physical defects prevent the performance of certain tasks and processes. For example, a one-armed boy or girl cannot do assembling work,

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and a deaf person is unable to hold a position involving the use of the telephone.

2. The difficulties in meeting the physical requirements of the apprenticeship period of a trade, although the more advanced processes can be satisfactorily performed. This is illustrated by a very lame boy who is able to do jewelry-repairing or press-feeding, but who cannot enter these trades by running errands as is often required.

3. The limitations in possible places of employment due to inability to travel far or by certain means of transportation, or because of the lack of an elevator in the building where the work is done.

4. The unjustified fear on the part of many employers that hiring handicapped workers will result in increased compensation-insurance costs because of the alleged increased risks of accidents.

5. The objection by employers who carry group health or life insurance for their employes on the ground that the employment of the handicapped is likely to increase the rate or the costs of benefit.

6. The use of the physical examination in rejecting indiscriminately all applicants with any type of physical defect without regard to the type of job for which they are applying. A girl with a very slight limp who was a competent typist but was rejected for this kind of work is a case in point.

7. The general attitude against the handicapped held by numerous employers who state that they do not like to see disabled persons around, or that fellow employes object, or that they cannot have them appear before customers.

The solution of the first three problems lies obviously in a careful consideration of all the factors involved by the counselor or placement secretary and the young person himself. Patient and thorough canvassing of an industry is often required to find an opening for a

beginner who has had specific trade training but is unable to run errands.

The obstacles, real and imaginary, put up by industry itself, involve more serious difficulties. They call for constant and painstaking efforts to inform employers about the kinds of work which the handicapped have done successfully, and about industrial insurance rates in relation to the handicapped, as well as for an attempt to change the general social attitude toward this group.

Employers are apparently often unaware that the initial rate in industrial compensation insurance is fixed for the industry as a whole, without regard to the physical condition of the personnel in a particular establishment. The rate is then adjusted only after several years upon the basis of the accident experience of the company. As yet there is no information available to show that the handicapped are more liable to injury. In fact, an experiment of the Western Electric Company, in which the work of 652 handicapped persons was compared with that of a like number of able-bodied employes, revealed that the accident rate was lower among the handicapped than among the other workers. New York State, moreover, has the advantage of a "second injury clause" whereby employers are liable only to the extent of the second injury in cases where an employe has a previous disability.

The rates for group health and life insurance are also based on the industry as a whole and on the ages of the employes in the particular establishment. The physical condition of the individuals insured is not considered. The fact that a person has a specific physical defect such as lameness or a paralyzed arm does not mean that he may not be in excellent health. The study of the Western Elec-

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tric Company showed fewer absences because of illness for the handicapped than for the other group. Furthermore, it is always possible for an employer to exclude from group insurance plans certain employes, such as cardiacs, if it is felt that the handicap may result in an undue increase in benefits. Companies issuing group insurance generally require that only a proportion of the employes (usually 75 per cent) need be included.

It is particularly unfortunate that the physical examination, which is a valuable aid in selecting suitable applicants for different types of work, is frequently used to exclude all persons with any physical defect. For example, some large, well-known firms reject arbitrarily persons with a very slight limp, or with one finger amputated, even though they apply for clerical work. Not until those responsible for the personnel policies of these companies and the examining physicians can be influenced to change their point of view about the handicapped can any progress be made in these particular concerns. On the other hand there are large companies which, through the physical examination, select persons with certain physical defects for specific types of work. For example, several department stores accept persons with visible disabilities for jobs where they do not meet the public. Another employer has graded the various jobs according to the types of physical requirements.

The anti-social attitude against having handicapped persons around is one with which placement secretaries frequently have to contend. Like all work involving the changing of social attitudes, the progress here is slow but worthwhile. By giving specific examples of the achievements of handicapped individuals and citing various firms in the same industry

which employ them, employers can sometimes be induced to try a person with a physical defect. It has been found that employers and fellow-workers easily become accustomed to working with the handicapped and soon learn to regard them as individuals just like themselves. A beginning can well be made in the schools by arranging for normal contacts and the mingling of the handicapped and non-handicapped in work and play.

The depression has increased and aggravated in several ways the difficulties of placing the handicapped. First, they are often at a disadvantage in adjusting to a new occupation when the particular trade they have been trained for or working in becomes abnormally "slow." Then, the practice of consolidating several jobs into one has made it necessary for one worker to perform several different kinds of tasks. While many handicapped persons might be capable of performing several of these, they are ruled out because they are unable to do them all. Finally the keen competition for the few jobs available has obviously increased the tendency to regard the partially disabled as objects of charity rather than as workers capable of self-support.

### V

In addition to the problems to all handicapped persons, there are distinct problems and work limitations peculiar to each disability. The special limitations and the kinds of work possible will be discussed for each disability group.

The orthopedic group includes the largest number of handicapped children. A deformity of the leg, arm or back is generally apparent to everyone, and also usually causes some restriction in movement. With some children more than one member is affected. Partial paralysis of both legs or an arm and a leg is not

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uncommon. The problems and work possibilities differ greatly according to the part of the body affected and the degree of disability.

Leg disabilities are the most common. These include cases where the leg is crippled or paralyzed or amputated, nearly always resulting in some degree of lameness. In many instances, the use of a brace, cane, or one or two crutches, is required. In amputation cases, an artificial limb, if satisfactorily adjusted, is an indispensable aid and occasionally renders the handicap practically unnoticeable to the casual observer.

It would be easier to name the kinds of work that young persons with a leg disability cannot engage in than to list all the possibilities available to them. Obviously they are limited when work requires constant walking or standing, or any climbing, but they still have open to them occupations requiring work with their hands. There are also some who can do considerable standing and walking, especially where there is a slight limp due to infantile paralysis. Work near dangerous machinery or involving walking on slippery or wet floors should generally be avoided. A study of jobs held by some of the applicants at the Employment Center for the Handicapped revealed that 322 different kinds of jobs were held by 713 men who were disabled in one leg and who used no appliance. The list included such varied occupations as bookkeeper, draftsman, pharmacist, printer, optical mechanic, assemblers of automobile parts, radios, electrical appliances, and fountain pens, packer of drugs, drill press operator, power sewing-machine operator, cabinet maker, painter, chauffeur, shipping clerk, elevator operator, porter. One young man who walked with a decided limp made good as an auto-

mobile mechanic's helper. Women with leg disabilities have worked successfully at all kinds of hand and machine sewing, at packing, assembling, and sorting all kinds of things, at commercial work as typists, bookkeepers, stenographers, proof-readers, technicians, and switchboard operators. No list can be compiled of the kinds of work suitable for such men and women because, so far as the disability is concerned, they can perform any of those tasks requiring hands and brains where continuous standing or walking is not required.

Arm and hand disabilities, due to a crippled or paralyzed condition or the loss of part or all of an arm, generally prove more serious in their vocational limitations than leg disabilities. Artificial arms can sometimes be used but their value is in most cases confined to improved appearance. An artificial arm with a hook attached is of practical use in occupations such as welding where partial use of the disabled arm is necessary. Since the full or partial use of both hands is required in the majority of occupations, this type of disability restricts the choice of work considerably. Much depends upon the degree of use of the disabled arm. Even though the hand has no grasp, ability to hold or push with the hand or arm makes a great difference.

For example, young persons with an arm or hand amputated or completely useless have been employed at such varied work as credit clerk, bookkeeper, typist, proof-reader, welder (with an artificial appliance), show-card writer, hand embroiderer, shipping clerk, switchboard operator, messenger. Among the older group we find some employed as commercial artists, cashiers, elevator operators, painters, doormen. A girl who lost her left arm in a trolley accident

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when a child graduated from high school when she was seventeen and entered an office as typist and switchboard operator. After three years, she became office manager. Another one-armed girl, trained as a typist, passed the test with a superior rating in speed and accuracy. A bank teller has a totally paralyzed arm, and a social case-worker with one arm amputated performs her work satisfactorily. A one-armed boy with the additional handicap of a dull-normal mentality is practically limited to messenger work, or when older, to elevator operating or watchman's work. For a one-armed girl of dull mentality, few satisfactory occupations have been found. Some have learned hand embroidery. One girl has become a good houseworker after unsuccessful trials with several employers. Several such girls have become rapid hand addressers.

Young persons with partial use of the hand or arm affected have many additional possibilities open to them. For example, we find men who have been able to work well as painters, wood workers, sign painters, printers, draftsmen, copy-holders, wireless operators, truck drivers, photographers. Women have worked at such occupations as teachers, social workers, librarians, office workers, typists, bookkeepers; at various kinds of trade processes such as hand sewing, machine operating, pasting, packing, sorting, folding; as stock and sales clerks; as house-workers, nurse maids, bath maids.

Because of the limitations for this group, special vocational preparation before leaving school is particularly important, for the more intelligent so that they may enter professional or other responsible work, and for the less intelligent, that they may develop as much skill as possible with the good hand.

## VI

Cases of spinal injury or disease constitutes another type of orthopedic disability. The majority of these result in a visible spinal curvature and in short stature. As in the case of the other orthopedic handicaps, there are varying amounts of limitation depending upon the degree of disability. With many it is mainly an appearance handicap and causes no limitations of working capacity. But sometimes persons with spinal trouble are subject to backaches, and may require jobs where some moving about and change of posture are possible. Constant standing or constant sitting in one position are usually undesirable. In all cases, heavy lifting should be avoided. Thus we find that both men and women in this group have been satisfactorily employed in practically every type of work from responsible positions in professional, commercial and manufacturing lines down to the most unskilled.

Of the group of children handicapped by organic defects, those with heart disease predominate. A comparatively small number of young persons with pulmonary tuberculosis are placeable, as few reach the stage where they are able to work before the age of 21.

The American Heart Association has set up distinct classifications for cases of organic heart disease. These are based upon various physical factors and upon the amount of activity that the patient is able to engage in without distress symptoms such as shortness of breath or palpitation of the heart. There are four such classes, and they are used more or less uniformly by physicians specializing in heart disease. The classifications provide a helpful guide to counselors and placement workers. Only cardiacs in Class I and Class II-A are considered placeable

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in regular industry. Those in Class II-B should be given sheltered employment.

Young persons in Class I have the least serious form of difficulty and are usually able to carry on ordinary physical activity without discomfort. They should generally avoid lifting anything over 15 pounds, excessive or hurried stair climbing, and running. Those with a history of rheumatic fever should not work in damp places or at jobs involving sudden temperature changes. Those in Class II-A are more limited in activity. In addition to the restrictions for Class I patients, they should avoid working in great haste and under pressure. Some are forbidden to work at jobs requiring constant walking or standing.

A diagnosis should be secured from the child's physician before vocational plans are made, since cases of heart disease, more than any other type of handicap, have so many pathological differences that they must be dealt with on a highly individual basis. Furthermore, cardiac children, because of undue concern about their condition on the part of family or friends, occasionally have a tendency to become neurotic about their disability. There is a decided need for the counselor to keep a proper balance between an over-protective attitude and one which is careless or negligent of the required precautions. If cardiacs follow medical advice and are properly placed, they have prospects of many years of earning power and can carry on successfully without risk to themselves or their employers.

Since it is not uncommon for cardiac patients to change from one classification to another, periodic medical examinations are necessary, and physicians usually set a time for the next examination. Placement workers may cooperate with

the doctors in warning cardiacs that when any feature of their work causes symptoms of distress from which they are unable to recover quickly through a short rest, the need for an easier job is indicated. The follow-up of cardiac children within a month or two after placement is therefore of prime importance.

Young persons with heart disease can choose from a wide range of occupations,—professional, mercantile, commercial, manufacturing, domestic and personal services, skilled trades, provided the conditions listed above are met. The place of work, involving stairs to climb and means of transportation, is in many cases as important as the type of work.

## VII

Persons who are in the arrested or quiescent stage of pulmonary tuberculosis and have negative sputum, and who are able to work seven or eight hours a day, are generally considered placeable in industry. A medical report covering these points should always be secured. "Light outdoor work" was formerly, and still is to a considerable extent, the popular recommendation by physicians for patients with a tuberculosis history. It has been found, however, that messenger, outside-selling, chauffeur and doorman jobs are practically the only forms of outdoor work that do not involve too severe a muscular strain. A number of tuberculosis specialists now agree that indoor work is actually preferable if it is performed under the proper conditions of temperature and ventilation. They hold this opinion because many indoor jobs are less arduous and because they do not involve abrupt changes of temperature and exposure to cold and dampness. Odors, fumes and dust should be avoided. Long hours, heavy lifting and excessive

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fatigue are harmful, physical examinations should be required at least twice annually for the first few years after the condition has been pronounced arrested. Young persons with arrested tuberculosis may be advised to enter any occupation which allows for observance of these particular precautions. In addition, as there is always a possibility of the disease becoming active again, they must avoid any occupation involving foodhandling, care of children, or close personal contact, such as dentistry or dental hygiene or similar occupations in which there might be any danger of infection.

Special provision is frequently made in school for children with seriously defective vision or hearing. When these young persons leave the sheltered school world for that of industry, their problems, like those of all handicapped children, increase.

Deaf-mutes, usually referred to as "deaf" in contrast to those who have become "deafened" after they have learned how to speak, are of necessity somewhat shut out from the rest of society and are a clannish group. Because of their isolation some are very sensitive and at times suspicious of what hearing persons are thinking or saying about them. Practically all deaf-mute children attend special schools where they are taught how to speak and read lips. These lip readers and oralists are sometimes hard to converse with at first, but with some practice on both sides a satisfactory mutual understanding usually results. Those who can communicate only by the sign language or by writing are obviously more seriously handicapped.

The vocational consequences of this handicap are quite evident. Generally the deaf, unless they are exceptionally good lip readers and oralists, must avoid

occupations where fluent speech is necessary, such as selling, telephone operating, waiting, and most professional lines involving contact with clients, such as the practice of medicine, law, etc. Nor are they likely to fit into places where employes may be shifted frequently from one job to another.

Of all the handicapped, by far the largest proportion among the deaf have been given some vocational training in school. Practically all the schools teach printing, wood work, sign painting, hand sewing, machine operating, while some also teach upholstery, shoe making, jewelry making, millinery, art work, cooking, clerical work. A study of the work histories of 749 deaf applicants at the Employment Center showed, however, that they engage in a large variety of industries and occupations,—in manufacturing, clerical and mercantile work, in hotels, restaurants, institutions, domestic and personal service, agriculture, building and construction work, and some professional fields. Comparing their occupations with the 61 main occupational divisions given in the 1930 census, we find that these deaf had been employed in 44 of them. One man had risen to the position of foreman of the silverware repair department of a well known jewelry firm where all the employes under him were hearing persons. While it takes a little more time and patience to "break in" the deaf on a job, it has been found that they often prove unusually steady and satisfactory workers. Many have held positions for 10, 15, even 20 years.

## VIII

Where vision with glasses is over 64 per cent, there is no vocational handicap. When persons are blind or have a vision of less than 20 per cent, they are eligible

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to the special service of the Commissions for the Blind which exist in most states. This sometimes includes placement service or facilities for helping the blind to set up small businesses. In New York City the Lighthouse for the Blind has a placement department as well as sheltered workshop facilities.

The Employment Center accepts for placement in regular industry those who have vision between 20 and 64 per cent, and also those who are blind in one eye or who have an artificial eye. Persons in this latter group, if they have good vision in one eye, are really handicapped by appearance only and can engage in almost any occupation not considered particularly hazardous.

Those with defective vision in both eyes are more limited in their choice of vocation. The types of work possible for them vary with the degree of vision and the prognosis. In general this group must avoid all occupations requiring close work on small objects, or reading of small print, or even constant use of the eyes. Nevertheless, that they can do all kinds of assembling and other manufacturing processes on larger objects, mercantile work, outside selling, messenger work. Dictaphone operating has been found to be a good possibility. Those with good mentality who might be interested in professional work are somewhat handicapped in the amount of reading necessary in meeting training requirements. A young woman whose vision of small print has recently been made possible by the use of the new microscopic lens is now receiving training for social work among the blind.

Speech defects might not at first thought be considered as handicaps. But persons so affected are especially handicapped when applying for a position, as

the prospective employer may get an impression of stupidity. Stammering is the most common type and is almost invariably aggravated by nervous strain, as in applying for a job. When the applicant knows, however, that a sympathetic placement worker has already told a prospective employer all about his defect as well as his fitness for the job, his self-confidence is not impaired and he is likely to make a much better first impression. The disability is likely to be less marked when the person is talking with someone well known to him. There are various degrees of speech defects, but generally they do not bar persons from many occupations. Positions requiring rapid or constant speech, or need for making new contacts, such as switchboard operating, proof-reading, or selling, are obviously not suitable for this group.

There are, then, a great variety of occupations which may be considered as possibilities for the young person with some physical defect or handicap. Over against this one defect must be set all the physical assets he still has in the use of other parts of his body, his mental abilities, and his personality. Because unfortunately the defect has loomed large in his life, through medical care and restrictions in school and play, it is the more important that those who have a responsibility for his vocational adjustment should specially stress what remains. Individual differences in ability and personality must always be taken into account and generally have more vocational significance than a particular defect. The adjustment of handicapped young persons to satisfactory occupations can be greatly facilitated by regarding them, not as a group apart, but as normal individuals who, like their physically more fortunate competitors, are seeking a start in the working world.

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